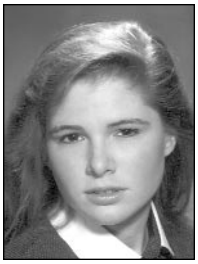
Mental Health Service Needs of Male and Female Juvenile Detainees



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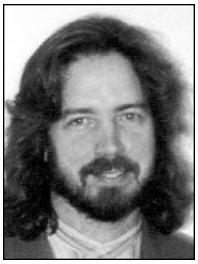

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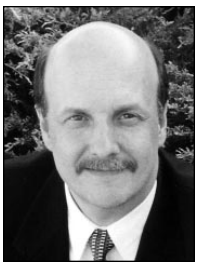

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Traditionally, the topic of juvenile delinquency in the United States has focused primarily on male delinquents.[1] The characteristics and needs of female delinquents have received less attention even though, as far back as 1994, 24 percent of all juvenile arrestees were female.[2] Indeed, in 1996 alone, nearly three-quarters of a million girls (723,000) were arrested.[3] Nonetheless, there is no substantive body of research on female delinquents, perhaps partly because most female detainees are arrested for nonviolent "status" offenses such as running away.[4]

A growing body of literature attests to the considerable mental health needs of juvenile delinquents.[5] Adolescents arrested and adjudicated within the juvenile justice system do not only meet criteria for conduct or other behavioral disorders, but also for psychiatric conditions such as major depression.[6] More than one-third consistently exhibit symptoms of major affective disorders.[7] Notably, limited epidemiological data suggest that female delinquents suffer from psychiatric disorders to an even greater extent than males.[8]

There are several reasons to suspect that the mental health needs of adolescent girls in the juvenile justice system would be different from those of adolescent boys. The majority of studies investigating rates of psychiatric problems such as depression or suicide risk among nondelinquent adolescents have consistently found that females exhibit higher rates than males.[9] This gender difference is typically even more pronounced among samples of delinquent youth. For example, one study found that the prevalence of mental health need among delinquent males was 27 percent, compared to 84 percent among delinquent females, with females exhibiting significantly more depressive and anxious symptoms.[10] Similarly, another study examining the prevalence of *Diagnostic and Statistical Manual* (DSM-III)[11] disorders among a sample of female delinquents found a general prevalence rate of 3.4 diagnoses per individual, with 66.7 percent of the sample manifesting major depressive disorder and 47 percent manifesting an anxiety disorder.[12] Moreover, incarcerated female delinquents evidence rates of posttraumatic stress disorder that exceed not only those found in the general population, but also those found among incarcerated male delinquents.[13] Finally, self-reported data have indicated that more than 50 percent of female delinquents have attempted suicide and that 64 percent of that number have attempted suicide more than once.[14]

In his influential studies of detained juveniles, Richard Dembo has provided empirical evidence for the hypothesis that male and female juvenile delinquents differ both in their mental health characteristics and their mental health needs. Dembo's research has consistently demonstrated that delinquent adolescents of both genders manifest substance abuse problems and disrupted emotional functioning.[15] Moreover, Dembo and his colleagues have shown that the majority of adolescents involved with the criminal justice system have suffered serious physical abuse and sexual victimization.[16] However, although Dembo has linked early abuse and victimization to later delinquent behavior for both males and females, his research suggests that victimization is a far more salient factor in female delinquency. In two studies

Using data collected from a stratified random sample of 473 youth adjudicated to be delinquent by a juvenile court, we examined the

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different mental health service needs presented by boys and girls. Comparisons were made according to a variety of clinical symptoms, risk factors, domains of functioning, co-occurring disorders, and caregiver characteristics. The female delinquents in the sample manifested significantly more depressive and anxious symptoms than their male counterparts, presented a greater suicide risk, and evidenced more severe abuse histories and traumatic aftereffects of that abuse. In contrast, the male delinquents showed significantly more conduct and behavioral disturbance than did their female counterparts, had more extensive criminal histories, and exhibited a significantly higher incidence of learning disabilities. ■

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examining gender differences in mental health service needs among delinquent adolescents, Dembo and his colleagues found that girls' problematic or criminal behaviors were typically related to an abusive, sexually exploitative, or traumatizing home life, whereas boys' criminal activities were typically related to their involvement with antisocial peers.[17] Indeed, in focus groups, delinquent girls have identified their experiences of sexual abuse and exploitation as a significant concern.[18]

If rational criteria are to be used to guide future level-of-care decisions for behavior-disordered juveniles, then accurate and reliable ways to document juveniles' mental health needs are a necessity. The aims of the present needs-based planning project were to identify the mental health needs of detained juveniles from three Midwestern counties and to compare female and male juvenile detainees in order to evaluate whether their mental health needs varied by gender.[19]

METHOD

A stratified random sample of petitioned and adjudicated cases was drawn for the present study. The sample was drawn from three counties: an urban, a suburban, and a rural locale. Subjects were drawn from the population of juvenile petitions received by juvenile court services from 1995 to 1996. General-needs assessment data were collected from juvenile court records in the three counties, and mental-health-needs data were collected from case folders.

All data used in the present study were contained in the youths' folders. The youths' mental health needs were evaluated by means of the Children's Severity of Psychiatric Illness (CSPI) scale, a measure that assesses psychiatric symptomatology, risk behaviors, co-morbidity, caregiver capacities, and home, peer, and school functioning via 25 clinically relevant dimensions. In general, the anchor points follow a pattern wherein 0 = no evidence of that dimension, 1 = a mild degree of that dimension, 2 = a moderate degree, and 3 = an acute or a severe degree. In prior studies, the CSPI has been demonstrated to be an accurate and informative measure of mental health service need,[20] and research on its psychometric properties has demonstrated that it meets accepted psychological standards. Sample CSPI dimensions can be found in the appendix.

RESULTS

This section discusses the results of the study. These results show a distinct risk profile for female detainees and point out the need of this population for specialized mental health care.

DEMOGRAPHIC CHARACTERISTICS

Demographic characteristics of the sample are shown in Table 1. Of the sample of 473 delinquent adolescents, the majority (83.3 percent) were male. Nearly half (42.2 percent) were African American, and more than one-third (36.7 percent) were white. Approximately 17.4 percent of the sample were Hispanic, and the remainder consisted of Native American, Asian American, and multiracial adolescents. Approximately one-third (34.4 percent) of the juveniles were 16 years old, 28.4 percent were 15 years old, and 14.7 percent were 14; 20 percent of the sample were juveniles age 13 or younger. The majority (87.6 percent) had been in the custody of their parents at the time of arrest; 6.8 percent were in the custody of relatives, and 5.9 percent were in the custody of nonrelatives or the Department of Children and Family Services (DCFS). Just over three-quarters (78.2 percent) had their biological mother living at home at the time the juveniles entered the system, but only 28.1 percent had

their biological father living at home. Nearly one-quarter (23.2 percent) had been previously diagnosed with special-education needs, and 18 percent had dropped out, been suspended, or been expelled from school. Of those still enrolled in school, 25.8 percent had a history of habitual truancy. Finally, 21.5 percent of the sample evidenced moderate to severe alcohol abuse problems, and 34.3 percent of the sample evidenced drug abuse problems. Only 7 percent of the sample had ever received substance abuse treatment, and only 18.5 percent had ever received mental health treatment. Of these demographic and environmental characteristics, only one was different for male and female detainees: significantly more female detainees evidenced alcohol abuse problems.

MENTAL HEALTH NEEDS

Female delinquents evidenced significantly more impairment than males on seven indices of the CSPI: Emotional Disturbance, Suicide Risk, Elopement Risk, Adjustment to Trauma, Severity of Abuse, Sexual Development, and Caregiver Knowledge. Results are shown in Table 2.

Table 1. Demographic Sample Characteristics

Sex	
Male	83.3%
Female	16.7%
Age	
Under 13	20.0%
14	14.7%
15	28.4%
16	34.4%
Race	
African American	42.2%
Caucasian	36.7%
Hispanic	17.4%
Other	3.7%
Custody	
Parents	87.6%
Relatives	6.8%
DCFS	5.9%
Household Composition	
Biological mother living at home	78.2%
Biological father living at home	28.1%
History of Special-Education Needs	23.2%
School Status	
Attending	63.9%
Dropped out	11.8%
Suspended	2.1%
Expelled	4.1%
Graduated/GED	1.3%
Unknown	16.9%
Truancy	
No history of truancy	19.0%
Occasional truancy (1–2 days/month)	17.7%
Frequent truancy (2–10 days/month)	12.6%
Habitual truancy (> 10 days/month)	13.2%
Not in school[a]	16.7%
Unknown	20.7%
Substance Abuse	
Alcohol abuse problems (moderate to severe)	21.5%
Drug abuse problems (moderate to severe)	34.3%
Substance Abuse Treatment	7.0%
Outpatient	5.1%
Inpatient	1.9%
Mental Health Treatment	18.5%
Outpatient	11.0%
Inpatient	7.5%

[a]Includes students on temporary leave due to circumstances such as pregnancy; does not include students who have graduated.

Table 2. CSPI *t* Scores of Male and Female Juvenile Detainees

CSPI Index	Male	Female	t
Neuropsychiatric Disturbance	0.0016	0.00	–0.93
Emotional Disturbance	0.45	0.76	3.16[b]
Conduct Disturbance	1.66	1.48	–2.09[a]
Oppositional Behavior	1.29	1.21	–0.89
Impulsivity	1.09	1.18	0.88
Contextual Consistency	1.50	1.32	–0.97
Suicide Risk	0.0068	0.17	2.32
Danger to Others	1.34	1.36	0.10
Elopement Risk	0.19	0.67	3.69[c]
Crime/Delinquency	2.17	1.86	–3.14[b]
Sexual Aggression	0.14	0.11	–0.41
School Dysfunction	1.94	1.77	–1.21
Family Dysfunction	1.13	1.24	0.77
Peer Dysfunction	1.79	1.66	–0.91
Adjustment to Trauma	0.24	0.46	1.86
Medical Status	0.13	0.15	0.36
Substance Abuse	0.87	0.86	–0.10
Severity of Abuse	0.22	0.58	2.38[a]
Sexual Development	0.19	0.71	3.69[c]
Learning Disability	0.48	0.27	–2.21[a]
Caregiver Supervision	1.13	1.21	0.56
Caregiver Motivation	0.51	0.68	1.28
Caregiver Knowledge	0.61	0.84	1.62
Placement Safety	0.37	0.53	1.41
Multisystem Needs	0.76	0.80	–0.46

[a] $p < .05$ [b] $p < .01$ [c] $p < .001$

Almost one-quarter (22 percent) of the female delinquents met criteria for an emotional disturbance, compared to 11 percent of the male delinquents. Approximately 13 percent of the female delinquent sample either had a history of or were currently at risk for a suicide attempt, compared to 6 percent of the male sample. More than one-quarter (27 percent) of the females presented an acute or recent risk of elopement (running away), compared to only 6 percent of the males. Fifteen percent of the female delinquents had a moderate or severe history of abuse, compared to 2 percent of the male delinquents, and 16 percent of the female delinquents evidenced either posttraumatic stress or marked adjustment problems based on prior abuse, compared to only 6 percent of the male delinquents. Moreover, more than one-third (37 percent) of the females evidenced a mild to severe disruption in their sexual development, compared to only 9 percent of the males. In addition, notable or significant deficits in the caregiver's ability to understand the youth were present for 27 percent of the females, compared to 12 percent of the males.

Male delinquents evidenced significantly more impairment on three of the CSPI indices: Conduct Disturbance, Crime/Delinquency, and Learning Disability (Table 2). Almost two-thirds of the male delinquents (60 percent) met criteria for a conduct disturbance, as did just under one-half (49 percent) of the female delinquents. Not surprisingly, the majority of male delinquents (83 percent) evidenced previous criminal or delinquent behavior, compared to 67 percent of the female delinquents. Finally, roughly twice as many males (36 percent) as females (18 percent) met criteria for a learning disability.

Finally, when a total CSPI score was created by summing CSPI ratings on all indices, an independent-samples *t* test revealed a trend for female delinquents to present a greater level of overall mental health need than male delinquents.[21] Comparisons of male and female delinquents' significantly divergent CSPI *t* scores are shown in Figure 1.

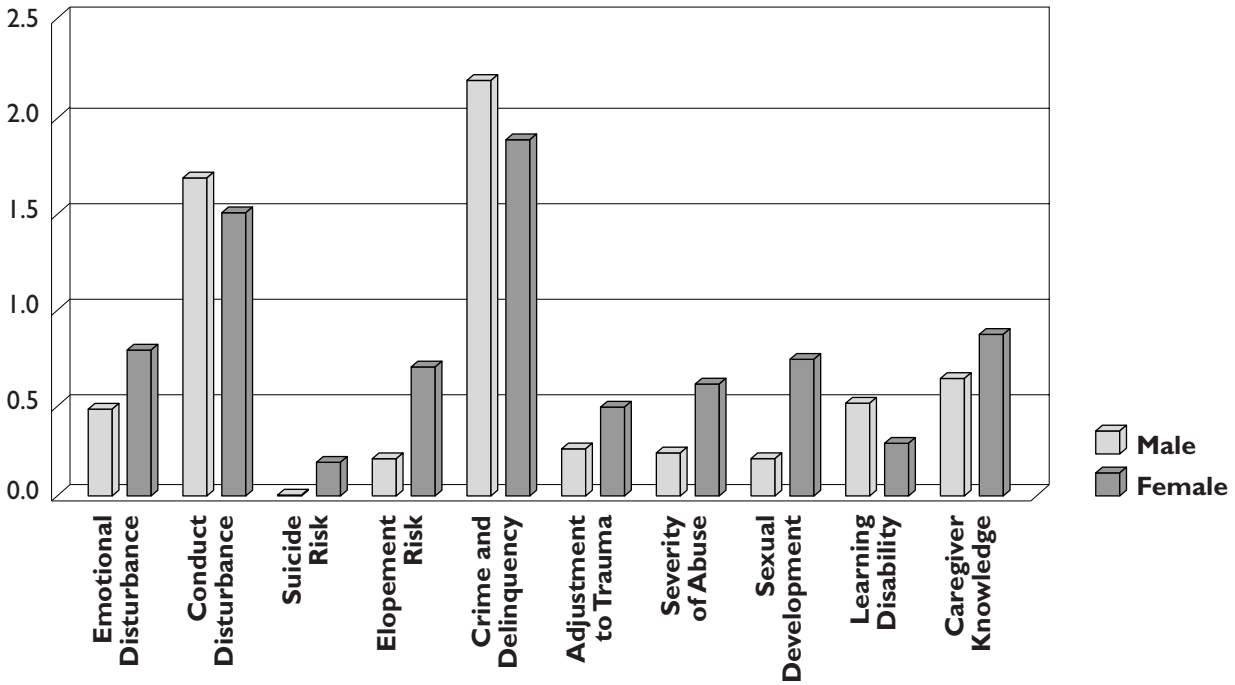
DISCUSSION

Consistent with prior research, female delinquents in the current sample manifested significantly more depressive and anxious symptoms than their male counterparts, and they presented a greater suicide risk. They had more severe abuse histories, they suffered significantly more traumatic aftereffects, and their sexual development had been disrupted to a larger degree. In addition, their caregivers were rated as being less proficient at understanding their needs and concerns, and, perhaps not surprisingly, the girls had significantly more extensive histories of running away.

In contrast, the males in the current study evidenced significantly more conduct and behavioral disturbance than did their female counterparts. Moreover, they had more extensive criminal and delinquent histories, and they exhibited a significantly greater prevalence of learning disabilities.

The constellation of problems presented by the female delinquents in the current sample is not only consistent with prior research, but the problems also appear to be highly interconnected with one another. For example, as

Figure 1. CSPI *t* scores of male and female juvenile detainees



with the young women in the present study, female delinquents in general tend to have experienced greater and more severe sexual abuse than have male delinquents.[22] Sexual abuse has been found to have a variety of detrimental effects on subsequent emotional development, such as high levels of depression, suicide ideation and attempts, anxiety disorders, oversexualized behavior, and posttraumatic symptomatology,[23] all of which are represented in the current results. Moreover, sexual abuse often prompts girls to run away from home,[24] which is in turn the most common offense by which girls enter the juvenile justice system. Indeed, although females accounted for only 26 percent of all juvenile arrests in 1997, they accounted for 58 percent of all runaway arrests.[25] These statistics were reflected in the current study, which found females to have a much more extensive history of running away than males. Thus, there tends to be substantial overlap between the populations of young women who have been abused, who have a high rate of psychiatric disturbance, who are repeat runaways, and who are involved in the juvenile justice system.

Along similar lines, it makes sense that young men who evidence conduct and behavioral disorders would have more extensive involvement in criminal activities. The results of this study are therefore consistent with prior research into male delinquency, which has shown that the criminal activities of male detainees tend to be the result of their general involvement with an antisocial peer group.[26] Moreover, it is not surprising that a significant prevalence of learning disabilities exists among the current sample of male delinquents, as academic success and school competence have been identified as major protective factors against involvement in delinquency.[27]

The results of the present study suggest that male and female delinquents have different precipitants of their involvement with the juvenile justice system, as well as divergent service needs. The female delinquents in the current sample demonstrated a higher level of need for psychiatric treatment, particularly treatment aimed at alleviating the behavioral effects of abuse. In contrast, the male delinquents demonstrated a higher level of need for structured ecological interventions aimed at increasing their involvement with socially adaptive peers, reducing their involvement in a delinquent lifestyle, and remedying educational deficits.[28]

We should note that the present study contains certain limitations that can help clarify directions for future research. First, the present study relied on retrospective chart reviews and did not include clinical interviews. This reliance precluded an accurate estimate of the prevalence of prior abuse in the current sample. Inclusion of clinical interviews of subjects would enhance future studies of

psychopathology and victimization among delinquent populations. Second, the current sample was only 16.7 percent female; a larger percentage of females within a sample of delinquent youth may permit more meaningful conclusions regarding gender comparisons of psychiatric and posttraumatic disturbance. Thus, future studies may find it useful to oversample female delinquents. Third, the absence of a nondelinquent adolescent comparison group necessarily limits the generalizability of the current results to adolescents not involved in the juvenile justice system.

Despite these limitations, the current study echoes prior research in this area in suggesting that female delinquents evidence significantly more depressive, anxious, and posttraumatic symptomatology; more severe past abuse; and more extensive histories of running away than do male delinquents. Given the growing body of literature that attests to the greater level of mental health need among females entering the juvenile justice system, it is critical that programming for these young women address their abuse histories and their psychological concerns. Currently, there is a notable absence of programming specifically directed toward delinquent females. In his comprehensive meta-analysis of delinquency intervention and treatment programs, Mark Lipsey found that only 2.3 percent exclusively served girls and 5.9 percent primarily served girls.[29] No programs served boys and girls equally. Thus, 91.8 percent of the programs surveyed exclusively or primarily served boys, despite the fact that in 1992 females represented more than 20 percent of juvenile detention admissions to public facilities.[30]

Given the results of this and other studies regarding psychiatric disturbances among court-involved girls, it may be time for juvenile temporary detention centers to reevaluate their admissions policies to reflect that female detainees do not match the traditional profile of the male delinquent. Perhaps most important, these females have greater mental health needs and more severe histories of abuse. Thus, diversion programs—including group homes or small residential treatment centers—may provide more appropriate and effective settings for many female delinquents. These diversion programs may also serve to reduce the growing detention-center population in a way that is consistent with the female detainees' needs.

Even if juvenile courts do not develop diversion programs, screening can be improved within detention centers. Many facilities do screen for acute suicidal risk, and some screen for substance abuse disorders. However, detention centers typically do not screen for more general mental health needs or for prior sexual victimization. Questions about these issues can easily be incorporated into routine intake procedures. At the very least, this information could help detention centers in assigning the growing number of females to specific units within female dormitory space, rather than to generic female sections.

Upon discharge, those female detainees who evidence significant levels of mental health need should be referred to appropriate treatment. For example, a judge might order a female to comply with outpatient treatment as a condition of her release. Such community-based treatment is not only likely to reduce the incidence and intensity of behavior problems among this population, but it is also the most appropriate way to manage issues with long-term psychiatric implications (e.g., prior sexual abuse or sexual victimization). Empirical evidence suggests that such community-based treatment may also reduce recidivism.[31]

Detention center and probation staff should receive training that sensitizes them to the issues of mental illness and prior abuse among the female detainee population. Indeed, it is important that detention center and probation staff learn to identify depressive, anxious, and posttraumatic disorders among female detainees. Once identified, female delinquents who evidence significant levels of mental health need should be referred to appropriate treatment. Ideally, detention centers would offer mental health services that address issues of particular salience to this population, including past abuse, sexuality, family conflict, and vocational aspirations. Ideal detention centers would also offer medication evaluations for female detainees who evidence acute psychiatric symptoms.

Finally, though beyond the scope of this article, findings regarding the differences between female and male detainees call into question the wisdom of laws that mandate the transfer of detainees accused of certain serious offenses from juvenile to adult court. Mandatory transfer laws appear to use a traditional model of the male delinquent in that they are aimed at kids who are involved in repeated or severe criminal delinquent activities. Girls, however, enter the system more often for activities that do not result from a delinquent lifestyle, but rather from prior sexual exploitation or trauma.[32] Changing transfer laws to allow discretionary, judicial review of factors such as mental illness and abuse history may prevent the transfer of those offenders who would benefit from treatment, yet still allow for transfer of the most egregious cases. In addition, future research should continue to investigate the characteristics and correlates of the female delinquent population. It seems likely that their pathways to deviant behavior differ from those of their male counterparts and that, as a result, interventions will have to target their unique needs and problems to be effective.

NOTES

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19. *See* PETER QUIGLEY ET AL., NEEDS-BASED PLANNING FOR YOUTH IN JUVENILE JUSTICE (Nat'l Council on Crime & Delinquency 1999).

20. JOHN S. LYONS ET AL., THE MEASUREMENT AND MANAGEMENT OF CLINICAL OUTCOMES IN MENTAL HEALTH (Wiley 1997); Scott C. Leon et al., *Psychiatric Hospital Service Utilization of Children and Adolescents in State Custody,* 38 J. AM. ACAD. CHILD & ADOLESCENT PSYCHIATRY 305, 307 (Mar. 1999); John S. Lyons et al., *Understanding the Mental Health Needs of Children and Adolescents in Residential Treatment,* 29 PROF. PSYCHOL.: RES. & PRAC. 582, 584 (Dec. 1998); QUIGLEY ET AL., *supra* note 19.

21. An independent *t* test compares the mean (average) scores of two groups to evaluate whether observed intergroup differences are the result of chance or the result of genuine, significant differences between the groups. The "*p* level" is the likelihood that the observed differences are attributable to chance; the smaller the *p,* the more likely that observed differences represent some genuine difference between the groups. In psychology, a *p* level of .05 or below is considered sufficient to suggest genuine difference. The *t* score, which essentially indicates the magnitude of the (finding of) difference, varies inversely with the *p* level.

NOTES

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31. Henggeler, *supra* note 28, at 6.

32. *See* Dembo et al., *Gender Differences, supra* note 17, at 87.

APPENDIX

Samples of Anchored Dimensions From the Childhood Severity of Psychiatric Illness (CSPI) Rating Form

The Children's Severity of Psychiatric Illness (CSPI) scale is a measure that assesses psychiatric symptoms, risk behaviors, co-morbidity (i.e., the occurrence of multiple disorders in a child or adolescent), caregiver capacities, and home, peer, and school functioning via 25 clinically relevant dimensions. In general, the anchor points follow a pattern wherein 0 = no evidence of that dimension, 1 = a mild degree of that dimension, 2 = a moderate degree, and 3 = an acute or a severe degree. Excerpts from the measure are being reproduced here "as is." Readers interested in obtaining copies of this measure should contact Dr. John Lyons, Northwestern University, 339 East Chicago, Wieboldt Hall 7th Floor, Chicago IL 60611.

Emotional Disturbance:

0 This rating is given to a child with no emotional problems. There is no evidence of depression or anxiety.

1 This rating is given to a child with mild to moderate emotional problems. There is a brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behavior. This level would be used to rate either a mild phobia or anxiety problem or a subthreshold level of symptoms for other disorders such as sleep disturbance, weight or eating disturbances, and loss of motivation.

2 This rating is given to a child with a moderate to severe level of emotional disturbance. This could include major conversion symptoms, frequent anxiety attacks, obsessive rituals, flashbacks, hypervigilance, depression, or school avoidance. Any diagnosis of anxiety or depression would be coded here. This level is used to rate children and adolescents who meet the DSM-IV criteria for an affective disorder.

3 This rating is given to a child with a very severe level of emotional disturbance. This would include a child or adolescent who stays at home or in bed all day because of anxiety or depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. More severe forms of anxiety or depressive diagnoses would be coded here (e.g., meeting criteria in excess of the diagnosis). This level is used to indicate an extreme case of one of the affective disorders.

Elopement Risk:

0 This rating is for a child with no recent history of running away and no ideation involving escaping from the present living situation or treatment.

1 This rating is for a child with no recent history of running away but who has expressed ideas about escaping the present living situation or treatment. The child may have threatened to run away on one or more occasions or may have a history (lifetime) of running away but not in the past year.

2 This rating is for a child who has run away from home once or run away from one treatment setting within the past year. Also rated here is a child who has run away to home (parental or relative) in the past year.

3 This rating is for a child who has (a) run away from home or a treatment setting within the past 7 days or (b) run away from home or a treatment setting twice or more overnight during the past 30 days. The destination was not a return to the home of a parent or relative.

Severity of Abuse/Neglect:

0 This level is used to indicate a child with no history of any form of physical or sexual abuse and no history of neglect.

1 This level is used to indicate a child with a history of mild abuse or neglect. This could include a child who is occasionally hit or touched inappropriately. Occasional neglect, such as leaving a child at home with no adult supervision, would also be rated here.

2 This level is used to indicate a child with a moderate level of abuse. This would include a child who has been fondled on an ongoing basis but not penetrated. However, this might also include a child who has been penetrated on one occasion. This level would also include a child who is physically abused on an ongoing basis and may require medical attention.

3 This level is used to indicate a child with a history of severe abuse. This would include a child who has been sexually penetrated on multiple occasions and over an extended period or forced to perform sexual acts on other children or adults. This would also include a child who has been severely physically abused to the point that he or she required serious medical attention (e.g., hospitalization). This level would also indicate a child who has experienced extreme neglect (e.g., severe malnutrition, starvation).